

WORK EXPERIENCE PLACEMENT FORM

New Employer

EMPLOYER TO COMPLETE:

THIS SERVES TO CONFIRM THAT WE ARE ABLE TO ACCEPT THE FOLLOWING STUDENT ON WORK EXPERIENCE FOR THE DATES INDICATED.

STUDENTS NAME: _____ SCHOOL: _____

DATE FROM: _____ TO: _____

PLACEMENT TITLE: _____

WE CONFIRM THAT OUR FIRM HAS IN FORCE THE FOLLOWING POLICIES. These must be in place whenever a young person is on work experience with you.

EMPLOYERS LIABILITY NO: _____ DATE POLICY EXPIRES: _____

INSURANCE COMPANY: _____

PUBLIC LIABILITY NO: (only if different) _____ DATE POLICY EXPIRES: _____

INSURANCE COMPANY: _____

NAME & ADDRESS OF BROKERS: _____

TELEPHONE NUMBER: _____

WE ACCEPT THAT NORTHAMPTONSHIRE CONNEXIONS WILL NEED TO VISIT OUR PREMISES TO DISCUSS THIS PLACEMENT FURTHER, TO COMPLETE A QUESTIONNAIRE & RECORD YOUR RISK ASSESSMENT FOR THE YOUNG PERSON.

NAME OF CONTACT: _____ POSITION HELD: _____

NAME OF COMPANY: _____

ADDRESS: _____

POSTCODE: _____ DAYTIME TELEPHONE NO: _____

E-MAIL ADDRESS: _____ MOBILE NO: _____

SIGNED: _____ DATE: _____

TEACHER: I request visit to the above employer in respect of a work experience placement for the above named student. I have made the employer aware of any specific health or other issues relating to the student via the student information sheet. (This will inform the risk assessment, welfare & supervision arrangements for the named student)

SIGNED: _____ DATE: _____